

Fingerprints must be fully inked and rolled. Improperly taken prints are of no value for identification.

R. Thumb	R. Index	R. Middle	R. Ring	R. Little	Right four fingers taken simultaneously
L. Thumb	L. Index	L. Middle	L. Ring	L. Little	
					Left four fingers taken simultaneously

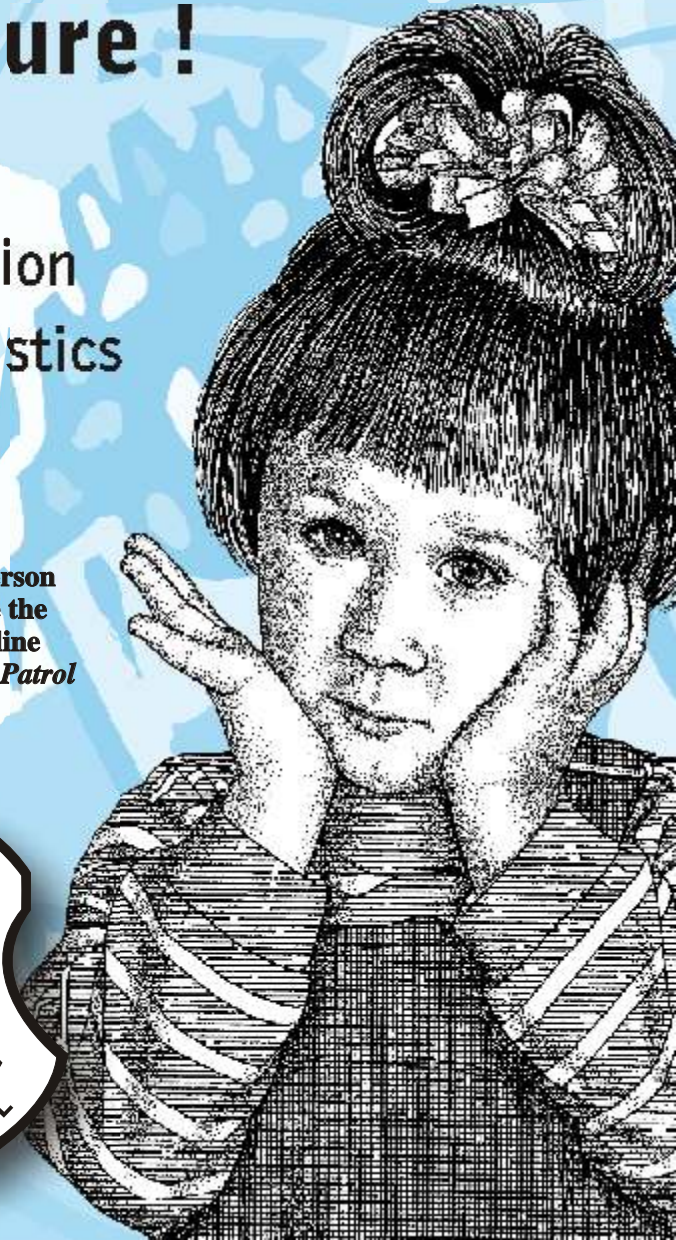


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Public Information and Education Division  
Missouri State Highway Patrol  
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# Your PICK for the Future!

## Physical Identification Characteristics Kit

To report a missing person  
in Missouri telephone the  
**Missing Persons Hotline**  
*Missouri State Highway Patrol*  
**1-800-877-3452**



# ✓ Check Accordingly

## Complexion

- ☐ light
- ☐ medium
- ☐ dark
- ☐ ruddy
- ☐ freckles
- ☐ dimples
- ☐ other

## Hair

- ☐ black
- ☐ blond
- ☐ brown
- ☐ red

## Eyes

- ☐ black
- ☐ blue
- ☐ brown
- ☐ gray
- ☐ green
- ☐ hazel

## Build

- ☐ slender
- ☐ medium
- ☐ heavy

## Devices

- ☐ glasses
- ☐ contacts
- ☐ prosthetic
- ☐ other

## Height & Weight

\_\_\_\_\_ at age  
\_\_\_\_\_ feet  
\_\_\_\_\_ inches  
\_\_\_\_\_ weight

## Birthmarks

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Scars & Marks

- ☐ pierced ears
  - ☐ tattoo's
  - ☐ bites nails
  - ☐ other
- where?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Allergies

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Eating Habits

- ☐ good
  - ☐ poor
- favorite foods:

\_\_\_\_\_  
\_\_\_\_\_

## foods disliked:

\_\_\_\_\_  
\_\_\_\_\_

## Teeth

- ☐ permanent teeth
  - ☐ fillings
- where?

\_\_\_\_\_  
\_\_\_\_\_

## caps? where?

\_\_\_\_\_  
\_\_\_\_\_

## missing teeth? where?

\_\_\_\_\_  
\_\_\_\_\_

## Broken Bones

### where?

\_\_\_\_\_  
\_\_\_\_\_

## Blood Type

\_\_\_\_\_

## X-Rays

### on file at:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Identification Record

*Complete this form and keep it in a safe place.*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
(month) (day) (year)

Place of Birth: \_\_\_\_\_  
(city) (state) (hospital)

School(s) attended: \_\_\_\_\_  
(names) (addresses)

Parent's or Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Record physical and personal characteristics below:

Disabilities? \_\_\_\_\_  
(limp leg, speech impediment, etc... )

Serious illnesses requiring special medication?

\_\_\_\_\_  
(illness) (special medication)

Names and addresses of doctor and dentist where medical and dental records are on file:

\_\_\_\_\_  
\_\_\_\_\_

Hobbies, favorite pastimes, and places person likes to visit:

\_\_\_\_\_  
\_\_\_\_\_

Friends and acquaintances who might provide a "lead" on the missing person:

\_\_\_\_\_  
\_\_\_\_\_

Add any other identifying information:

\_\_\_\_\_

Affix most recent photo of person here.